

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90274 001 ****61.25

DOCUMENT # N97000002350

1. Entity Name
TRUE VINE PENTECOSTAL, INC.



Principal Place of Business
**3234 N.W. 181ST STREET
CAROL CITY, FL 33056 US**

Mailing Address
**3234 N.W. 181ST STREET
CAROL CITY, FL 33056 US**

94062700

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0750728

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWDY, JOHNNY III
1444 BISCAYNE BLVD.
SUITE 220
MIAMI, FL 33132**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SMITH, CLIFFORD L
STREET ADDRESS 3234 N.W. 181ST ST
CITY-ST-ZIP MIAMI, FL 33055

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SMITH, BESSIE M
STREET ADDRESS 3234 N.W. 181ST ST
CITY-ST-ZIP MIAMI, FL 33055

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SMITH, CLIFFORD JR.
STREET ADDRESS 3233 NW 181 STREET
CITY-ST-ZIP OPA LOCKA, FL 33056

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME SMITH, JOANNE
STREET ADDRESS 3233 N.W. 181ST STREET
CITY-ST-ZIP CAROL CITY, FL 33056

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME DELANCY, CHERISSE
STREET ADDRESS 3160 NW 81 TERRACE
CITY-ST-ZIP MIAMI, FL 33147

TITLE ☐ Change ☒ Addition
NAME **TO Annela Brown**
STREET ADDRESS **15770 N.W. 18th Pl**
CITY-ST-ZIP **OPA Locka, FL 33056**

TITLE TD ☐ Delete
NAME SMITH, ZARICK D
STREET ADDRESS 3234 NW 181 STREET
CITY-ST-ZIP OPA LOCKA, FL 33056

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/04
Date

305-401-6469
Daytime Phone #